



Healthcare Quality Reporting Program

**HOSPITAL-ACQUIRED INFECTIONS SUBCOMMITTEE**

8-9am, February 23, 2015

Healthcentric Advisors, 235 Promenade Street, Suite 500

**1. Welcome & today's meeting objectives (8am)**

- Meeting chairs: S. Viner-Brown
- Program staff: E. Cooper, T. Mota
- Voting members in attendance (7/19): M. Fishman, M. Marsella, A. Mihalakos, R. Neale, K. O'Connell, S. Turner, J. Robinson, N. Vallande
- Others in attendance: J. Reppucci, G. Rocha, P. Winderman

**2. Review of the previous meeting's action items (8:05am)**

- Send hand hygiene measurement tools to subcommittee (Emily) – **Complete**
- Request hand hygiene tool/policies from all hospitals (Maureen Marsella) - **Complete**
- Review tools and policies for commonalities (Emily/Terri) – **Complete**
- Design hand hygiene tool to be used for observation study across hospitals (HAI Subcommittee) – **In progress**
- Explore HEALTH intern program (Emily/Sam) – **In progress**
- Share additional information from the Task Force for Antimicrobial Stewardship and Environmental Infection Control, as available (Emily) – **Ongoing**

**3. HARI Hand Hygiene Plan (8:15am)**

*Gina Rocha, MPH, RN*

• *Outline of work*

HARI has been working to improve hand hygiene compliance in hospitals. Their plan includes coordinating hand hygiene education using 'just in time' video tutorials, determining an accountability algorithm and automating data collection. Their first step has been to complete a survey of their member hospitals about current hand hygiene and hand hygiene measurement practices.

The survey showed that all facilities include hand hygiene as part of their employee orientation and most also do annual training. The majority of facilities are following the CDC guidelines, with others following either the WHO guidelines, a combination of the two or 'something else'. All facilities are using observation to measure hand hygiene compliance, however the methods differ across facilities. One facility indicated that they have included a custom question in their post-hospitalization Press-Ganey survey asking patients if their provider washed their hands before caring for them.

**4. Discussion: Department of Health Hand Hygiene Observation (8:30am)**

- *Findings from hand hygiene policies and tools*



After comparing the hand hygiene policies and measurement tools we determined that across facilities all healthcare workers are supposed to be washing their hands before and after patient contact. Although most facilities have additional indications for hand hygiene, this was the only one that was consistent in language across the facilities. In order to create a measurement program we will have to develop a tool and method for measuring this.

- *Discussion:*

The group discussed potential barriers to measuring hand hygiene before and after patient contact, including the need for a minimum number of observations, the need for extensive training for the observers, the difficulty of observing hand hygiene when it is done inside the patient's hospital room, the challenge of the observers being visible (rather than hospital staff acting as secret shoppers) and whether hospitals would be able to validate the data gathered with their own data. The group also wanted to know how long these reports would be produced; whether it is indefinite, or if there is a specific goal that we are trying to reach.

Following the findings of the HARI survey the group discussed the possibility of using the Press-Ganey patient survey to measure hand hygiene. Because all hospitals are using this survey and are required to obtain a minimum number of returned surveys there would be comparable data across hospitals. Discussion centered on how this would be a measure of patient perception of hand hygiene, rather than actual compliance. There was some concern that because this survey is done post-discharge, the patient may not have perfect recall of their providers' hand hygiene. However, the group also discussed how this would act as a mechanism to raise patient awareness of the importance of hand hygiene.

- *Recommendations:*

- Discuss concerns with Steering Committee
- Get the Steering Committee's input on exploring the option of using the Press-Ganey patient surveys as a measurement tool
- Get the Steering Committee's input on how long these reports will be produced

5. **Action Items** (8:55am)

- Bring recommendations to the Steering Committee
- Share additional information from the Task Force for Antimicrobial Stewardship and Environmental Infection Control, as available (Terri)
- Design hand hygiene tool to be used for observation study across hospitals (HAI Subcommittee)
- Explore HEALTH intern program (Emily/Sam)

**Next Meeting: April 20, 2015**